

DRIVER: JAMES E. MARTIN 2264655
State of California - Health and Welfare Agency
HAZARDOUS WASTE MANAGEMENT BRANCH
714-744-P Street
Sacramento, CA 95814

UNIFORM HAZARDOUS WASTE MANIFEST
July 4, 1984

Department of Health Services
P.O. # 21423
Reference:
Shipper 12843
83493811

Please print or type with ELITE type (12 characters per inch).

STATE ID NUMBER

GENERATOR NAME AND MAILING ADDRESS

EASTMAN KODAK (LOU STEIGER)
12100 Rivera Rd.
Whittier CA 90706
AREA CODE/PHONE NUMBER 213/945-1255

MANIFEST DOCUMENT NUMBER

EPA ID NUMBER

C AD 054 854377 0 0 0 0 3

TRANSPORTER NO. 1

OMEGA CHEMICAL CORP.
12504 E. Whittier Blvd.
Whittier CA 90602

VEH./CONTAINER NO.

42507

EPA ID NUMBER

C AD 0 4 2 245 0 0 1

TRANSPORTER NO. 2/ALTERNATE TSD FACILITY

VEH./CONTAINER NO.

EPA ID NUMBER

TREATMENT, STORAGE, OR DISPOSAL (TSD) FACILITY

OMEGA CHEMICAL CORP.

EPA ID NUMBER

AREA CODE/PHONE NUMBER 213/698-0991

CAD 04 2 245 0 0 1

PROPER U.S. D.O.T. SHIPPING NAME AND HAZARD CLASS

UN/NA
NUMBER

TOTAL
QUANTITY

UNIT
WT/VOL

CONTAINER
NO. TYPE

WASTE
CAT. NO. METH

Hazardous Waste, Liquid NOS. - ORM-E
(R-11)

N A 9 1 89

600

P

03 DM

2 11 01

COMPONENTS

CONC. RANGE
UPPER LOWER

UNITS
% PPM

Trichlorotrifluoromethane

oil

water

SPECIAL HANDLING INSTRUCTIONS

This is to certify that the above-named wastes are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable requirements of the Department of Transportation and the EPA.

Printed or typed full name and signature

[Signature]

MO.

DAY

YR

07

06

84

☐ Check if continuation sheet is used. Number of continuation sheets

TRANSPORTER 1 ACKNOWLEDGEMENT OF RECEIPT OF ABOVE WASTES

Printed or typed full name and signature

[Signature]

DATE
REC'D
&
ACCEPTED

MO.

DAY

YR

17

06

84

TRANSPORTER 2 ACKNOWLEDGEMENT OF RECEIPT OF ABOVE WASTES

Printed or typed full name and signature

DATE
REC'D
&
ACCEPTED

MO.

DAY

YR

DISCREPANCY INDICATION SPACE

Facility owner or operator: Certification of receipt of hazardous waste covered by this manifest except as noted in the discrepancy indication space above. Note: TSDF must complete waste number. See instructions.

EPA ID NUMBER

DATE RECEIVED & ACCEPTED

MO.

DAY

YR

Printed or typed full name and signature

[Signature]

C AD 042 245 0 0 1

07

06

84